Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MISSOURI	-	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on	Glenda	_	
	your government-issued picture identification (for	First name		First name
	example, your driver's license or passport).	Tamara	_	
		Middle name		Middle name
	Bring your picture identification to your	Nelson	_	Last constant O (for (Oc. In 11 III))
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5749		

Debtor 1 Glenda Tamara Nelson

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)		
	,	EIN	EIN		
5.	Where you live	1360 South Waterford Drive	If Debtor 2 lives at a different address:		
		Florissant, MO 63033 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Saint Louis County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other		
		other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Debtor 1 Glenda Tamara Nelson

Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter 7 □ Chapter 11						
		☐ Chap						
		☐ Chap						
		·						
8.	How you will pay the fee	ab or	out how yo	ou may pay. Typio attorney is subm	cally, if you are paying the fee you	with the clerk's office in your local court for more det urself, you may pay with cash, cashier's check, or mo lf, your attorney may pay with a credit card or check w		
						n, sign and attach the Application for Individuals to Pa		
			•		(Official Form 103A).	and if you are filling for Chapter 7. Dulaway indeed as		
		bu ap	t is not rec plies to yo	quired to, waive your family size and	our fee, and may do so only if you d you are unable to pay the fee in	only if you are filing for Chapter 7. By law, a judge mur income is less than 150% of the official poverty line installments). If you choose this option, you must fill a la Form 103B) and file it with your petition.		
).	Have you filed for bankruptcy within the last 8 years?	■ No.						
	last o years.	□ 1es.	District		When	Case number		
			District			Case number		
			District		When	Case number		
			District			Gase number		
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	□ No.	Go to	line 12.				
	residence?	Yes.	Has ye	our landlord obtai	ned an eviction judgment against	you?		
				No. Go to line 1	2.			
			■	No. Go to line 1		udgment Against You (Form 101A) and file it with this		

Debtor 1 Glenda Tamara Nelson Pg 4 of 55 Case number (if known)

Part	Report About Any Bu	sinesses	You Owr	n as a Sole Proprieto	or	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	and location of busi	ness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	oer, Street, City, State	e & ZIP Code	
	it to this petition.		Chec	k the appropriate box	to describe your business:	
	·			Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))	
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))	
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business det you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of oper usiness cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 1 * 116(1)(B).				
	For a definition of small	■ No.	l am r	not filing under Chapt	er 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		1, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11.	
		☐ Yes.			1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.	
Part	Report if You Own or	Have Any	Hazardo	ous Property or Any	Property That Needs Immediate Attention	
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is	the hazard?		
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		,	s the property?	Number, Street, City, State & Zip Code	

Debtor 1 Glenda Tamara Nelson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

	ا	ca	 _	_	:4.	

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pa 6 of 55 Debtor 1 Case number (if known) **Glenda Tamara Nelson** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50.000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11. United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,

Signature of Debtor 2

MM / DD / YYYY

Executed on

and 3571.

/s/ Glenda Tamara Nelson

Executed on February 22, 2022

MM / DD / YYYY

Glenda Tamara Nelson Signature of Debtor 1

Debtor 1 Glenda Tamara Nelson

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Andrew	/ Kirkwood Smith	Date	February 22, 2022	
Signature of	Attorney for Debtor		MM / DD / YYYY	
Al 1/2	inlance of One ith			
	irkwood Smith			
Printed name				
A.K. Smith	n, LLC			
Firm name				
141 N. Mei	ramec Avenue			
Suite 316				
Saint Loui	s, MO 63105			
Number, Street,	City, State & ZIP Code			
Contact phone	314-740-2989	Email address	aksmithlaw@gmail.com	
61641 MO				
Bar number & St	tate			

Fill in this information to identify your case:					
Debtor 1	Glenda Tamara N	lelson			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MISSOURI		
Case number (if known)					☐ Check if this is an
					amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

•			
Pai	t 1: Summarize Your Assets		
		Your a	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	2,605.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	2,605.00
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	900.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	96,864.00
	Your total liabilities	\$	97,764.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,635.10
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,670.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other scł	nedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Glenda Tamara Nelson Pg 9 of 55 Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total of	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	900.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	70,632.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	71,532.00

Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document

Case	22-40431 D0	C 1 Filed 02/22	Pg 10 of 55	.04.30 Maii	Document
Fill in this inform	nation to identify your	case and this filing:	rg 10 01 55		
Debtor 1	Glenda Tamara N	lelson			
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT C	OF MISSOURI		
Case number					☐ Check if this is an
					amended filing
Official For					
	e A/B: Prop				12/15
think it fits best. Be information. If more Answer every quest	e as complete and accura e space is needed, attach tion.	ate as possible. If two marri a separate sheet to this fo	once. If an asset fits in more than one cat ied people are filing together, both are equ orm. On the top of any additional pages, wr te You Own or Have an Interest In	ually responsible for	supplying correct
1 Do vou own or h	ave any legal or equitabl	e interest in any residence	, building, land, or similar property?		
■ No. Go to Part	, .		, aantan 3 , tan an an an ar property .		
Yes. Where is					
_ 1001 111101010	and property.				
Part 2: Describe	Your Vehicles				
someone else driv	es. If you lease a vehic		ehicles, whether they are registered of dule G: Executory Contracts and Unexploses		vehicles you own that
■ No					
☐ Yes					
			onal vehicles, other vehicles, and accessels, snowmobiles, motorcycle access		
			entries from Part 2, including any ent e		\$0.00
	Your Personal and Hous				
Do you own or h	ave any legal or equit	able interest in any of th	he following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		e, linens, china, kitchenwa	are		
	Miscellan	eous household goo	ds and furnishings		\$500.00

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

Official Form 106A/B Schedule A/B: Property page 1

Filed 02/22/22 Entered 02/22/22 15:04:38 Case 22-40431 Doc 1 Main Document Pg 11 of 55 Debtor 1 Case number (if known) Glenda Tamara Nelson Yes. Describe..... \$400.00 Miscellaneous electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... \$100.00 Miscellaneous sports and hobby equipment 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$300.00 Miscellaneous wearing apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$100.00 Miscellaneous jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,400.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the

portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

Schedule A/B: Property

■ Yes.....

Debtor 1 Glenda Tamara Nelson Pg 12 of 55 Case number (if known)

				Cash on hand	\$5.00
					Ψ5.00
17.			accounts; certificates of deposit; sha unts with the same institution, list ea	ares in credit unions, brokerage houses, ach.	, and other similar
	□ No ■ Yes		Institution name:		
		17.1.	US Bank. Checking	Account.	\$200.00
		17.2.	Cash App Card		\$0.00
18.		is, or publicly traded stocks ds, investment accounts with	s brokerage firms, money market acc	counts	
	☐ Yes	Institution or issu	uer name:		
19.	. Non-publicly traded joint venture	I stock and interests in inco	orporated and unincorporated bu	sinesses, including an interest in an	LLC, partnership, and
		information about them Name of entity:		% of ownership:	
20.	Negotiable instrume Non-negotiable instr	ents include personal checks,	egotiable and non-negotiable inst cashiers' checks, promissory notes t transfer to someone by signing or	s, and money orders.	
	■ No	:f			
	Tes. Give specific i	information about them Issuer name:			
24	. Retirement or pensi	ion accounts			
۷1.			x), 403(b), thrift savings accounts, or	r other pension or profit-sharing plans	
	Yes. List each acco	ount separately. Type of account:	Institution name:		
22.		used deposits you have made	e so that you may continue service onto	or use from a company er), telecommunications companies, or	others
	■ No				
	☐ Yes		Institution name or individ	dual:	
23.	. Annuities (A contrac	ct for a periodic payment of me	oney to you, either for life or for a n	umber of years)	
	☐ Yes	Issuer name and description	n.		
24.		ation IRA, in an account in a 1), 529A(b), and 529(b)(1).	a qualified ABLE program, or und	der a qualified state tuition program.	
	☐ Yes	Institution name and descrip	otion. Separately file the records of a	any interests.11 U.S.C. § 521(c):	
25.	_ ' '	future interests in property	y (other than anything listed in lin	ne 1), and rights or powers exercisab	le for your benefit
	■ No □ Yes. Give specific	information about them			
26.	Examples: Internet d		, and other intellectual property ceeds from royalties and licensing a	agreements	
	■ No □ Yes. Give specific	information about them			

Filed 02/22/22 Entered 02/22/22 15:04:38 Case 22-40431 Doc 1

Main Document Pg 13 of 55 **Glenda Tamara Nelson** Case number (if known) Debtor 1 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Yes. Describe each claim....... FDCPA Claim against HRRG with a maximum staturory \$1,000.00 recovery of \$1,000 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,205,00

Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debto	or 1	Glenda Tamara Nelson	Pg	14 01 55	Case number (if known)	
37. Do	you o	wn or have any legal or equitable interest in any bu	usiness-relat	ed property?		
	No. Go	to Part 6.				
	Yes. G	o to line 38.				
Part 6		scribe Any Farm- and Commercial Fishing-Related bu own or have an interest in farmland, list it in Part 1.	Property You	Own or Have an Intere	est In.	
46. D e	o you	own or have any legal or equitable interest i	n any farm-	or commercial fishi	ng-related property?	
	No.	Go to Part 7.	•			
	☐ Yes.	Go to line 47.				
Part 7	' :	Describe All Property You Own or Have an Interes	st in That Yo	u Did Not List Above		
53 D (o vou	have other property of any kind you did not	alroady list	2		
		les: Season tickets, country club membership	an cady not	•		
	No					
	Yes. (Give specific information				
54	Add ti	he dollar value of all of your entries from Par	t 7 Write th	at number here		\$0.00
J4. <i>I</i>	Add ti	ic donar value of all of your chines from rail	i 7. Wille til	at number nere		φυ.υυ
Part 8	3:	List the Totals of Each Part of this Form				
		: Total real estate, line 2				\$0.00
		: Total vehicles, line 5 : Total personal and household items, line 15	=	\$0.00 \$1,400.00		
		: Total financial assets, line 36	,	\$1,205.00		
		: Total business-related property, line 45		\$0.00		
		: Total farm- and fishing-related property, lin	e 52	\$0.00		
		: Total other property not listed, line 54	+	\$0.00		
				#2.00F.00	Convenience property to	tol #0.005.00
0 ∠ .	iotal	personal property. Add lines 56 through 61		\$2,605.00	Copy personal property to	tal \$2,605.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$2,605.00

Fill in this infor	mation to identify your		Fy 15 01 55	
Debtor 1	Glenda Tamara N	elson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F MISSOURI	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property			Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Miscellaneous household goods and furnishings	\$500.00		\$500.00	RSMo § 513.430.1(1)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous electronics Line from Schedule A/B: 7.1	\$400.00		\$400.00	RSMo § 513.430.1(1)
Line from Schedule Alb. 1.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous sports and hobby equipment	\$100.00		\$100.00	RSMo § 513.430.1(1)
Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous wearing apparel	\$300.00		\$300.00	RSMo § 513.430.1(1)
Line IIIII Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous jewelry Line from Schedule A/B: 12.1	\$100.00		\$100.00	RSMo § 513.430.1(2)
LINE HOLLI SCHEUUIE AVD. 12.1			100% of fair market value, up to any applicable statutory limit	

De	ebtor 1 Glenda Tamara Nelson			Case number (if known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	the Amount of the exemption you claim Specific laws that		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	Cash on hand Line from Schedule A/B: 16.1	\$5.00		\$5.00	RSMo § 513.430.1(3)	
	Ellic Hoff Goredale 742. 10.1			100% of fair market value, up to any applicable statutory limit		
	US Bank. Checking Account. Line from Schedule A/B: 17.1	\$200.00		\$200.00	RSMo § 513.430.1(3)	
	Elle Holl Golledale 772. TTT			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every ■ No			led on or after the date of adjustmer	nt.)	
	☐ Yes. Did you acquire the property cover	ed by the exemption wi	ithin 1	,215 days before you filed this case	?	
	□ No					
	□ Ves					

Fill in this infor	mation to identify your	case:		
Debtor 1	Glenda Tamara N	lelson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MISSOURI	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - \square Yes. Fill in all of the information below.

	Case 22-40431 DUC1	Pg 18 of 55		2/22 15.04.30	ivialii Du	Cument	•
Fill in	this information to identify your case:	Py 10 01 50					
Debto	or 1 Glenda Tamara Nelson						
	First Name	Middle Name Last Nam	е				
Debto (Spouse	or 2 e if, filing) First Name	Middle Name Last Nam	e				
United	d States Bankruptcy Court for the: EAS	TERN DISTRICT OF MISSOURI					
Case (if know	number				_	ck if this is a	an
	cial Form 106E/F edule E/F: Creditors Who I	Have Unsecured Claim	s			12/1	15
any exe Schedu Schedu left. Att	complete and accurate as possible. Use Part of ecutory contracts or unexpired leases that coulle G: Executory Contracts and Unexpired Le ule D: Creditors Who Have Claims Secured by tach the Continuation Page to this page. If you and case number (if known).	uld result in a claim. Also list executo ases (Official Form 106G). Do not inclu Property. If more space is needed, co	ory contract ude any cre opy the Part	s on Schedule A/B: F ditors with partially s you need, fill it out,	Property (Official Frecured claims that number the entries	orm 106A/B) It are listed in Is in the boxe) and on in es on the
Part 1	List All of Your PRIORITY Unsecure	ed Claims					
1. Do	o any creditors have priority unsecured claim	s against you?					
	No. Go to Part 2.						
	Yes.						
ide po	st all of your priority unsecured claims. If a creentify what type of claim it is. If a claim has both possible, list the claims in alphabetical order accorart 1. If more than one creditor holds a particular	priority and nonpriority amounts, list that diding to the creditor's name. If you have n	claim here a	nd show both priority a	and nonpriority amou	unts. As muc	h as
(F	or an explanation of each type of claim, see the	nstructions for this form in the instruction	booklet.)	Total claim	Priority	Nonprior	rity
2.1	State of Missouri Taxation	Last 4 digits of account number	Nelson	\$900.00	amount \$900.0	amount	\$0.00
	Priority Creditor's Name PO Box 385	When was the debt incurred?	2020	Ψ300.00		<u> </u>	Ψ0.00
	Jefferson City, MO 65105		-		-		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check a	II that apply			
	_	☐ Contingent					
_	Debtor 1 only	☐ Unliquidated					
[Debtor 2 only	☐ Disputed					
[Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:				
[At least one of the debtors and another	☐ Domestic support obligations					
	\square Check if this claim is for a community deb			•			
	s the claim subject to offset?	☐ Claims for death or personal in	jury while yo	u were intoxicated			
	No	Other. Specify				_	
L	Yes	Taxes					
Part 2	List All of Your NONPRIORITY Uns	ecured Claims					
3. Do	o any creditors have nonpriority unsecured c	aims against you?					
	No. You have nothing to report in this part. Sub	mit this form to the court with your other	schedules.				

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Case 22-40431 Main Document

Pg 19 of 55 Case number (if known) Debtor 1 Glenda Tamara Nelson **Account Resolution Corp (Midwest** 9386 \$148.00 4.1 Last 4 digits of account number Radiolo Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 2018 700 Goddard Ave Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Expenses** Other. Specify 4.2 **Barnes Jewish Hospital** Last 4 digits of account number \$1,000.00 Nelson Nonpriority Creditor's Name PO Box 954549 When was the debt incurred? 2020 Saint Louis, MO 63195 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Expenses** Other. Specify 4.3 Caine & Weiner (Progressive) 4809 \$238.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 2019 5805 Sepulveda Blvd Sherman Oaks, CA 91411 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Miscellaneous Consumer Products and** ■ Other. Specify Services

☐ Yes

Debt	Or 1 Glenda Tamara Nelson		Case number (if known)	
4.4	Collection Bureau of Hudson Valley Nonpriority Creditor's Name	Last 4 digits of account number	Nelson	\$0.00
	PO Box 831 Newburgh, NY 12551	When was the debt incurred?	2022	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	• ,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	a plans, and other similar debts	
	Yes	·	ous Consumer Products and	
4.5	Credit Acceptance	Last 4 digits of account number	6325	\$12,272.00
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	2020	
	25505 West 12 Mile Road Ste 3000 Southfield, MI 48034	when was the debt incurred?	2020	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Automobile)	
4.6	Credit Management	Last 4 digits of account number	Nelson	\$0.00
	Nonpriority Creditor's Name 6080 Tennyson Parkway, Suite 100 Plano, TX 75024	When was the debt incurred?	2022	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	∏ Yes	Other Specify Sorvices	ous Consumer Products and	

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 21 of 55 Case number (if known)

Debio	Glerida Tamara Neison	- Case number (il known)	
4.7	First Community Credit Union	Last 4 digits of account number 3601	\$3,755.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1030	When was the debt incurred? 2019	
	Chesterfield, MO 63006		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	<u>_</u>		
	Yes	Other. Specify Automobile	
4.8	HRRG Nonpriority Creditor's Name	Last 4 digits of account number Nelson	\$0.00
	PO Box 5406	When was the debt incurred? 2022	
	Cincinnati, OH 45273		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Expenses	
4.9	IC Systems, Inc (Sprint) Nonpriority Creditor's Name	Last 4 digits of account number 5691	\$1,571.00
	Attn: Bankruptcy	When was the debt incurred? 2020	
	Po Box 64378		
	St. Paul, MN 55164		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	— INO	Miscellaneous Consumer Products and	
	□Yes	Other. Specify Services	

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 22 of 55 Case number (if known)

Debtor	1 Glenda Tamara Nelson	Py 22 01 55	Case number (if known)	
4.1	Iq Data International (Icon Student)	Last 4 digits of account number	3983	\$2,392.00
0	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 340	When was the debt incurred?	2017	*************************************
	Bothell, WA 98041 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Services	ous Consumer Products and	
4.1	Kramer and Frank PC	Last 4 digits of account number	Nelson	\$0.00
	Nonpriority Creditor's Name 11960 Westline Industrial, Suite 180	When was the debt incurred?	2019	*****
	Saint Louis, MO 63146 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.		C. C	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	tration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection		
4.1	Mohela/laurel Road Ban	Last 4 digits of account number	0002	\$4,697.00
	Nonpriority Creditor's Name Attn: Bankruptcy 633 Spirit Dr	When was the debt incurred?	2018	
	Chesterfield, MO 63005 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	tration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	g plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
		Educationa		

 Case 22-40431
 Doc 1
 Filed 02/22/22
 Entered 02/22/22
 15:04:38
 Main Document

 Glenda Tamara Nelson
 Pg 23 of 55
 Case number (if known)

Debto	Glenda Tamara Nelson	Fy 23 01 55	Case number (if known)	
4.1	Mohela/laurel Road Ban	Last 4 digits of account number	0001	\$4,642.00
	Nonpriority Creditor's Name Attn: Bankruptcy 633 Spirit Dr	When was the debt incurred?	2018	
	Chesterfield, MO 63005 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt	☐ Obligations arising out of a sepa	tration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	ıl	
4.1 4	Mohela/laurel Road Ban Nonpriority Creditor's Name	Last 4 digits of account number	0003	\$2,729.00
	Attn: Bankruptcy 633 Spirit Dr	When was the debt incurred?	2019	
	Chesterfield, MO 63005 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	□Yes	☐ Other. Specify		
		Educationa	ıl	
4.1 5	Monroe & Main Nonpriority Creditor's Name	Last 4 digits of account number	0110	\$404.00
	Attn: Bankruptcy 1112 7th Avenue	When was the debt incurred?	2020	
	Monroe, WI 53566 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	tration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Services	ous Consumer Products and	

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 24 of 55 Case number (if known)

Debtor	1 Glenda Tamara Nelson	Case number (if known)	
4.1	National Credit Adjusters, LLC (Speedyca	Last 4 digits of account number 1740	\$556.00
	Nonpriority Creditor's Name 327 West 4th Avenue Po Box 3023	When was the debt incurred? 2017	
	Hutchinson, KS 67504 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Miscellaneous Consumer Products and Other. Specify Services	
4.1	SE Emergency Phys Memphis Nonpriority Creditor's Name	Last 4 digits of account number Nelson	\$0.00
	PO Box 740023 Cincinnati, OH 45274	When was the debt incurred? 2022	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Expenses	
4.1 8	Speedy Cash	Last 4 digits of account number Nelson	\$0.00
	Nonpriority Creditor's Name PO Box 780408 Wichita, KS 67278	When was the debt incurred? 2020	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Services Miscellaneous Consumer Products and Services	

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document
Pg 25 of 55 Cons number (viscous)

Case number (if known) Debtor 1 Glenda Tamara Nelson 4.1 SSM Medical Health Group \$404.00 Nelson Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 795100 When was the debt incurred? 2020 Saint Louis, MO 63179 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Expenses ☐ Yes 4.2 **Uas/saint Louis Univer** 8457 \$9,040.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 1 N Grand Blvd When was the debt incurred? 2016-2021 Saint Louis, MO 63103 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.2 USDOE/GLELSI 8581 Last 4 digits of account number \$49,524.00 Nonpriority Creditor's Name Attn: Bankruptcy 2015 When was the debt incurred? Po Box 7860 Madison, WI 53707 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify

Educational

Debtor 1	Glenda Ta	amara Nelson		Case nu	ımber (if known)		
	Wakefield 8 Emergency	& Associates (SE	Last 4 digits of account number	7643		\$3,492.00	
	Nonpriority Cred		_				
	Attn: Bankr		When was the debt incurred?	2017			
-		ebrook Pike					
	Knoxville, T	FN 37909 City State Zip Code		in Obsel	all that analy		
		the debt? Check one.	As of the date you file, the claim	is: Check	ан тпат арріу		
	_		_				
	Debtor 1 onl	ly	☐ Contingent				
I	Debtor 2 onl	ly	☐ Unliquidated				
I	Debtor 1 and	d Debtor 2 only	☐ Disputed				
I	At least one	of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
	_	is claim is for a community	☐ Student loans				
	debt	3 ciaini is ioi a community	☐ Obligations arising out of a sep	aration ag	reement or divorce that you did not		
I	s the claim su	bject to offset?	report as priority claims				
ı	No		Debts to pension or profit-shari	ing plans, a	and other similar debts		
I	□ Yes		Other. Specify Medical Ex	xpenses	3		
Part 3:	I ist Others	s to Be Notified About a Del	ot That You Already Listed				
is trying have m	g to collect fro ore than one c	m you for a debt you owe to so	meone else, list the original creditor i t you listed in Parts 1 or 2, list the add	n Parts 1	dy listed in Parts 1 or 2. For example, it or 2, then list the collection agency her editors here. If you do not have addition	re. Similarly, if you	
Name and			On which entry in Part 1 or Part 2 did yo	u list the or	riginal creditor?		
	_	ical Association	Line 4.1 of (Check one):	☐ Part 1: 0	Creditors with Priority Unsecured Claims		
PO Box		0400	■ Part 2: Creditors with Nonpriority Unsecured Claims				
Saint L	ouis, MO 6		Last 4 digits of account number				
			Last 4 digits of account number				
Name and			On which entry in Part 1 or Part 2 did yo	u list the or	riginal creditor?		
Progres			Line 4.3 of (Check one):				
Dept 05		0400	ı	Part 2: 0	Creditors with Nonpriority Unsecured Clair	ms	
Carol S	Stream, IL 6		Last 4 digits of account number				
Name and			On which entry in Part 1 or Part 2 did yo		•		
		ys Memphis	Line 4.22 of (Check one):				
	k 740023 nati, OH 452	274		Part 2: 0	Creditors with Nonpriority Unsecured Clair	ms	
Ciriciiii	iali, On 452		Last 4 digits of account number				
Name and	d Address		On which entry in Part 1 or Part 2 did yo	u list the o	riginal creditor?		
Sprint	a Address				Creditors with Priority Unsecured Claims		
PO Box	c 4191	•	 ' ′		Creditors with Nonpriority Unsecured Clair		
	tream, IL 6	0197	•	■ Part 2: 0	Creditors with Nonpriority Unsecured Clair	ms	
	· 		Last 4 digits of account number				
Part 4:	Add the A	mounts for Each Type of Un	secured Claim				
6. Total th		certain types of unsecured clai		reporting	purposes only. 28 U.S.C. §159. Add the	e amounts for each	
					Total Claim		
	6a.	Domestic support obligations	:	6a.	\$		
Total							
claims from Part	t 1 6b.	Taxes and certain other debts	you owe the government	6b.	\$ 900.00		
	6c.		injury while you were intoxicated	6c.	\$ 0.00		
	6d.	•	ecured claims. Write that amount here.	6d.	\$ 0.00		
		, , , , ,				_	
	6e.	Total Priority. Add lines 6a thro	ough 6d	6e.	\$ 900.00		
	00.		g 	55.	900.00		
					Total Claim		
	6f.	Student loans		6f.	\$ 70,632.00		
Total							

Official Form 106 E/F

Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Case 22-40431 Doc 1 Pg 27 of 55

Debtor 1 Glenda Tamara Nelson

Case number (if known)

claim	IS
from	Part 2

- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 Debts to pension or profit-sharing plans, and other similar debts
- 6h.
- Other. Add all other nonpriority unsecured claims. Write that amount 6i.
- Total Nonpriority. Add lines 6f through 6i.

0.00	\$ 6g.
0.00	\$ 6h.
26,232.00	\$ 6i.

96,864.00

Official Form 106 E/F

Fill in this infor	mation to identify your	case:	rg 20 01 33	
Debtor 1	Glenda Tamara N	lelson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MISSOURI	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Landlord	Month to month agreement

			Pa 20 of 55		
Fill in this	information to identify your	case:			
Debtor 1	Glenda Tamara N	alson			
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	EASTERN DISTRICT C	F MISSOURI		
Case numb	ner				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
	and case number (if known)			as a codebtor.	
■ No □ Yes					
	in the last 8 years, have you a, California, Idaho, Louisiana,				ates and territories include
	Go to line 3. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
		, 5	,		
in line Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed the c	th you. List the person shown reditor on Schedule D (Official edule E/F, or Schedule G to fill
	Column 1: Your codebtor	D O de			or to whom you owe the debt
N	lame, Number, Street, City, State and Z	r Code		Check all schedules th	ат арріу:
3.1				☐ Schedule D. line	
	Name			Schedule E/F, line	
				☐ Schedule G, line	
-				_	
	Number Street City	State	ZIP Code		
	JII Y	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			□ Schedule E/F, line	
				☐ Schedule G, line	
_					
	Number Street	Ctata	710.0-4-		
(City	State	ZIP Code		

Fill	in this information to identify your	caso.						
		mara Nelson						
	btor 2 buse, if filing)							
Uni	ted States Bankruptcy Court for the	ne: EASTERN DISTRICT	OF MISSOURI					
(If kr	se number nown)		-					
	fficial Form 106l				MM / DD/	YYYY		
S	chedule I: Your Inc	come					12/15	
sup spo atta	as complete and accurate as popularing correct information. If you are separated and you have a separated sheet to this form Describe Employment 1:	ou are married and not fili our spouse is not filing w n. On the top of any additi	ng jointly, and your s ith you, do not includ	pouse is livi e informatio	ng with you, inc n about your sp	lude information a ouse. If more spac	bout your e is needed,	
1.	Fill in your employment information.		Debtor 1		Debtor	Debtor 2 or non-filing spouse		
	If you have more than one job,	Employment status	■ Employed		☐ Emp	loyed		
	attach a separate page with information about additional	Employment status	☐ Not employed		□ Not e	☐ Not employed		
	employers.	Occupation	Progam Manage	r				
	Include part-time, seasonal, or self-employed work.	Employer's name	St. Louis Univers	sity				
	Occupation may include studen or homemaker, if it applies.	t Employer's address	1 North Grand B Saint Louis, MO					
		How long employed t	here? 4 Month	s				
Par	t 2: Give Details About M	onthly Income						
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to re	port for any li	ne, write \$0 in the	e space. Include you	ır non-filing	
	u or your non-filing spouse have e space, attach a separate sheet		ombine the information	for all employ	yers for that pers	on on the lines belo	w. If you need	
					For Debtor 1	For Debtor 2 or non-filing spou		
2.	List monthly gross wages, sa deductions). If not paid monthly			2. \$_	3,638.27	\$	N/A	
3.	Estimate and list monthly over	ertime pay.		3. +\$_	0.00	+\$	N/A	

Official Form 106l Schedule I: Your Income page 1

3,638.27

\$

N/A

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Glenda Tamara Nelson	-	(Case r	number (<i>if ki</i>	nown)				
					For	Debtor 1		Fo	or Debtor	2 or	
									n-filing s		
	Copy	y line 4 here	4.		\$	3,638	3.27	\$_		N/A	<u>.</u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	ā.	\$	648	3.27	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$	(0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50).	\$	(0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	50		\$		0.00	\$_		N/A	_
	5e.	Insurance	56		\$		1.90	\$_		N/A	_
	5f.	Domestic support obligations	5f.		\$ \$		0.00	\$_		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g 5h	ا. ۱.+	\$ _		0.00	\$ ₋		N/A N/A	_
_			_					_			_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,003		\$ __		N/A	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,635	5.10	\$_		N/A	<u>. </u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0		Φ.			•			
	O.I.	monthly net income.	88		\$		0.00	\$_		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b).	\$	(0.00	\$_		N/A	<u>-</u>
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce									
		settlement, and property settlement.	80		\$		0.00	\$_		N/A	
	8d.	Unemployment compensation	80		\$		0.00	\$_		N/A	_
	8e.	Social Security	86	€.	\$	(0.00	\$_		N/A	<u>. </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f		\$	(0.00	\$		N/A	
	8g.	Pension or retirement income	8g	j .	\$		0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	า.+	\$	(0.00	+ \$ _		N/A	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	\$	(0.00	\$_		N/A	A
10	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$		2,635.10	+ \$		N/A	= \$	2,635.10
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		2,033.10	. •		- 17/5		2,033.10
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							e. 12.	\$	2,635.10
	_		_							Combi month	ned ly income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?								
	_	No. Yes Explain:									
	1 1	TES EXHAULT									,

Official Form 106l Schedule I: Your Income page 2

						ı		
Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Glenda Tama	ara Nelso	on		Che	eck if this is:	
							An amended filing	
	tor 2							ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bankr	ruptcy Court for the	EASTE	RN DISTRICT OF MISSOL	JRI		MM / DD / YYYY	
Cas	e number							
(If kı	nown)							
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ISES				12/15
Be a	as complete a	and accurate as ore space is ne	possible.	If two married people ar ch another sheet to this				or supplying correct
nun	nber (ii know	n). Answer eve	y questio	II.				
Par		ibe Your House	hold					
1.	Is this a joir	nt case?						
	■ No. Go to	line 2.						
	☐ Yes. Doe	s Debtor 2 live	in a separ	ate household?				
	□ N	0						
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Del	btor 2.	
2	De veu bev	a damandanta?	=					
2.	Do you nave	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
3.	Do your own	enses include	_					☐ Yes
Э.		f people other t	han	No				
	•	d your depende		Yes				
Dor	t 2: Estim	ata Vaur Ongoi	na Manthi	v Evnancas				
Est exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
Incl	luda avnansa	e naid for with	non-cash	government assistance i	f vou know			
				sluded it on Schedule I: Y				
(Off	ficial Form 10)6I.)					Your exp	enses
4.		or home owners and any rent for the		ses for your residence. In	nclude first mortgage	e 4.	\$	800.00
	, ,	led in line 4:	e ground o	1 100.			-	
							Φ.	2.22
		estate taxes	or rootes	'e ineuranco		4a. 4b.	·	0.00
	•	rty, homeowner's		s insurance ipkeep expenses		4b. 4c.	:	0.00 50.00
		owner's associat	•				\$	0.00
5.				our residence, such as ho	me equity loans	5.	·	0.00

6a. 6b. 6c. 6d. 7.	\$ \$ \$	0.00 0.00 30.00
6b. 6c. 6d. 7.	\$ \$ \$	0.00 30.00
6b. 6c. 6d. 7.	\$ \$ \$	0.00 30.00
6d. 7.	\$	30.00
6d. 7.	\$	
7.	·	0.00
	\$	450.00
٠.	\$	0.00
9.	·	125.00
10.	· -	150.00
11.	·	125.00
12.	\$	200.00
13.	\$	100.00
14.	\$	20.00
15a.	\$	0.00
15b.	\$	0.00
15c.	\$	200.00
15d.	\$	0.00
16.	\$	20.00
17a.	\$	0.00
17b.	\$	0.00
17c.	\$	400.00
17d.	\$	0.00
	Φ.	0.00
18.	· .	
	\$	0.00
	_	
		0.00
		0.00
	·	0.00
		0.00
	·	0.00
	· -	0.00
21.	+\$	0.00
	\$	2,670.00
		2,010.00
	· : ———	2 670 00
	Ψ	2,670.00
23a.	\$	2,635.10
23b.	-\$	2,670.00
_		04.00
23c.	\$	-34.90
file this	form?	
		a ar daaraaa - !
		e or decrease because o
		e or decrease because o
	15a. 15b. 15c. 15d. 16. 17a. 17b. 17c. 17d. 18. 19. 20a. 20b. 20c. 20d. 20e. 21.	value I: Your Income. 20a. \$ 20b. \$ 20c. \$ 20d. \$ 20e. \$ 21. +\$ 23a. \$ 23b. -\$

Fill in this	s information to identify your	case:			
Debtor 1	Glenda Tamara N				
Dahtan	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	ling) First Name	Middle Name	Last Name		
Linitad Ct	otoo Donkrijntoj, Court for the	EASTERN DISTRICT	OE MISSOLIDI		
United St	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MISSOURI		
Case num	nber				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106Dec				
		مريام المراام	l Dabtarla	Calcadulas	
Decia	aration About a	in individua	I Deptor's	Schedules	12/15
years, or I	both. 18 U.S.C. §§ 152, 1341, 1	519, and 3571.			
Did ⁹	you pay or agree to pay some	one who is NOT an atto	orney to help you fi	II out bankruptcy forms?	
_	No			, ,	
_					
	Yes. Name of person				ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119)
				Doolarain	on, and dignature (Omolai i omi i 10)
	er penalty of perjury, I declare they are true and correct.	that I have read the sur	nmary and schedu	les filed with this declara	tion and
y /	s/ Glenda Tamara Nelson		x		
	Sienda Tamara Nelson			ature of Debtor 2	
	Signature of Debtor 1		J.g.id		
-	Onto E.I		Data		
L	Date February 22, 2022		Date		

Fill	in this inform	nation to identify you	r case.							
Dei	otor 1	Glenda Tamara I	Melson Middle Name	Last Name						
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name						
		nkruptcy Court for the:								
		mapley Court for the								
Case number					_	heck if this is an mended filing				
Sta Be a	as complete a	of Financial and accurate as possiore space is needed,	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for supply additional pages, write you					
		n). Answer every ques Petails About Your Ma	stion. rital Status and Where You	Lived Before						
1.	What is your current marital status?									
	☐ Married ■ Not mar	ried								
2.	During the last 3 years, have you lived anywhere other than where you live now?									
	 ■ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. 									
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territor states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and V										
	■ No □ Yes. Ma	ike sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	ificial Form 106H).						
Par	t 2 Explai	n the Sources of You	r Income							
4.	Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.									
	□ No ■ Yes. Fill	in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$5,037.00	☐ Wages, commissions, bonuses, tips					
			☐ Operating a business		☐ Operating a business					

Debtor 1 Glenda Tamara Nelson Pg 36 of 55 Case number (if known)

		Debtor 1		Debtor 2				
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
For last calenda (January 1 to De	r year: ecember 31, 2021	■ Wages, commissions, bonuses, tips	\$35,043.00	☐ Wages, commissi bonuses, tips	ons,			
		☐ Operating a business		☐ Operating a busin	ess			
	r year before that: ecember 31, 2020		\$25,388.00	☐ Wages, commissi bonuses, tips	ons,			
		☐ Operating a business		☐ Operating a busin	ess			
and other pu winnings. If y List each sou	blic benefit paymer ou are filing a joint	hether that income is taxable. Exants; pensions; rental income; intercase and you have income that y income from each source separat	est; dividends; money collector received together, list it constituted together.	ted from lawsuits; royalinly once under Debtor	ties; and gambling and lottery			
		Debtor 1		Debtor 2				
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)			
Part 3: List C	ertain Payments \	You Made Before You Filed for I	Bankruptcy					
□ No. N ir □	individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you							
,	not inclu	at creditor. Do not include paymen ude payments to an attorney for the nent on 4/01/22 and every 3 years	nis bankruptcy case.					
	Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?							
I	No. Go to lir	ne 7.						
l	include	ow each creditor to whom you paid payments for domestic support ob y for this bankruptcy case.						
Creditor's I	Name and Addres	s Dates of payme	nt Total amount	Amount you Wa	s this payment for			

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document

Debtor 1 Glenda Tamara Nelson Pg 37 of 55 Case number (if known)

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	erships of which you	ou are a genera iny managing a	I partner; corporations gent, including one for
	No					
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	account of a de	bt that benefited an
	■ No□ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credit	this payment tor's name
Pai	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No					
	Yes. Fill in the details.		-			
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		erty repossessed, f	oreclosed, garni	shed, attached	, seized, or levied?
	☐ No. Go to line 11.					
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				
	Credit Acceptance	Debtor returned a ve	hicle	202	1	\$0.00
		■ Property was repossessed.□ Property was foreclosed.□ Property was garnished.				
		☐ Property was attached	d, seized or levied.			
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details.		luding a bank or fir	nancial institutio	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date take	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possessi	ion of an assigne	ee for the bene	fit of creditors, a

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document

Debtor 1 Glenda Tamara Nelson Pg 38 of 55 Case number (if known)

Par	t 5: List Certain Gifts and Contributions	S					
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.						
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:)	Describe the gifts	Dates you gave the gifts	Value		
14.			did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?		
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed	Dates you contributed	Value		
Par	t 6: List Certain Losses						
15.	or gambling?	otcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,		
	■ No □ Yes. Fill in the details.						
	how the loss occurred	Include	ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost		
Par	t 7: List Certain Payments or Transfers						
16.	consulted about seeking bankruptcy or p	repari	id you or anyone else acting on your behalf pay ng a bankruptcy petition? rs, or credit counseling agencies for services require		rty to anyone you		
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment		
	A.K. Smith, LLC 141 N. Meramec Avenue Suite 316 Saint Louis, MO 63105 aksmithlaw@gmail.com		Attorney Fees	1/18/2022	\$258.00		
	A.K. Smith, LLC 141 N. Meramec Avenue Suite 316 Saint Louis, MO 63105 aksmithlaw@gmail.com		Attorney Fees	1/28/2022	\$317.00		

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 39 of 55

Case number (if known)

Debtor 1 Glenda Tamara Nelson

17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that your No	ors or to make payments			r transfer any prope	rty to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and vertransferred	alue of any pro	perty	Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bankrup transferred in the ordinary course of your k Include both outright transfers and transfers m include gifts and transfers that you have alread No	ousiness or financial affa ade as security (such as t	nirs? he granting of a			
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and v			any property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details.		y property to a	self-settled tru	ust or similar device	of which you are a
		Description and			1	Data Transfer was
	Name of trust	Description and v	alue of the prop	perty transferr	ea	Date Transfer was made
						mado
Par	8: List of Certain Financial Accounts, In	struments, Safe Deposit	Boxes, and Sto	orage Units		
	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No	or other financial accou	nts; certificates	of deposit; sh		, ,
	Name of Financial Institution and	Last 4 digits of	Type of accou	int or Da	te account was	Last balance
	Address (Number, Street, City, State and ZIP Code)	account number	instrument	clo mo	esed, sold, oved, or nsferred	before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, an	ny safe deposi	t box or other depos	itory for securities,
	■ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit	ĺ	home within 1	year before yo	ou filed for bankrupt	cy?
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 40 of 55

Debtor 1 Glenda Tamara Nelson

Case number (if known)

Pa	t 9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing	for, or hold in trust				
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Pai	t 10: Give Details About Environmental Information	ation						
For	the purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	ir, land, soil, surface water, groun bstances, wastes, or material.	dwater, or other medium, including	statutes or				
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operat	e, or utilize it or used				
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or	mental law defines as a hazardous	s waste, hazardous substance, tox	ic substance,				
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of whe	n they occurred.					
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	e under or in violation of an enviro	nmental law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adminis	strative proceeding under any env	ironmental law? Include settlemen	ts and orders.				
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Pai	t 11: Give Details About Your Business or Con	nections to Any Business						
		·	ny of the following connections to	any husiness?				
	_	Vithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership		,					
	☐ An officer, director, or managing execu	tive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation							

Filed 02/22/22 Entered 02/22/22 15:04:38 Case 22-40431 Doc 1 Main Document

Pg 41 of 55 Case number (if known) Debtor 1 Glenda Tamara Nelson No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Glenda Tamara Nelson Signature of Debtor 2 **Glenda Tamara Nelson** Signature of Debtor 1 Date February 22, 2022 Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ☐ Yes. Name of Person

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 42 of 55

			. g .= 0. 00	
Fill in this infor	mation to identify your c	ase:		
Debtor 1	Glenda Tamara Ne	lson		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTR	RICT OF MISSOURI	
Case number (if known)				☐ Check if this is an amended filing
Official Fo		n for Indiv	viduals Filing Under Chapt	er 7 12/15
■ creditors hav ■ you have leas You must file th whiche on the If two married p sign as Be as complete write y	ever is earlier, unless the form eople are filing together nd date the form.	r property, or and the lease has not thin 30 days after excourt extends the in a joint case, both. If more space is ber (if known).		he creditors and lessors you list information. Both debtors must
1. For any credit	tors that you listed in Pa		: Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
information be lidentify the cr	reditor and the property th	at is collateral	What do you intend to do with the property the secures a debt?	at Did you claim the property as exempt on Schedule C?
Creditor's name:			☐ Surrender the property.	□ No
Description of property securing debt			 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	140
Description of	f		Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt	t:		☐ Retain the property and [explain]:	
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	☐ Yes
Description of	f		☐ Retain the property and enter into a Reaffirmation Agreement.	□ 162

Official Form 108

Creditor's

property

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ Retain the property and [explain]:

□ No

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 43 of 55

Debtor 1	Glenda Tamara Nelson	Case number (if known)		
prope	iption of	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	□ Yes	
in the inf	ormation below. Do not list real estate leas	eases listed in Schedule G: Executory Contracts and Unexpired es. Unexpired leases are leases that are still in effect; the ase if the trustee does not assume it. 11 U.S.C. § 365(p)(2	lease period has not yet ended.	
Describe	e your unexpired personal property leases		Will the lease be assumed?	
Lessor's Descripti Property	on of leased		□ No □ Yes	
Lessor's Descripti Property	on of leased		□ No □ Yes	
Lessor's Descripti Property	on of leased		□ No □ Yes	
Lessor's Descripti Property	on of leased		□ No □ Yes	
Lessor's Descripti Property	on of leased		□ No □ Yes	
Lessor's Descripti Property	on of leased		□ No □ Yes	
Lessor's Descripti Property	on of leased		□ No □ Yes	
Part 3:	Sign Below	ted my intention about any property of my estate that sec		
	Glenda Tamara Nelson	X		
Gle	enda Tamara Nelson nature of Debtor 1	Signature of Debtor 2		
Dat	e February 22. 2022	Date		

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 44 of 55

Fill in this infor	mation to identify your case:		Ch	eck one	box only as d	irected in this form and	d in Form
Debtor 1	Glenda Tamara Nelson		12	2A-1Su	op:		
Debtor 2				■ 1 Th	oro is no prosi	umption of abuse	
(Spouse, if filing)					·	•	
United States I	Bankruptcy Court for the: Eastern District of	Missouri				o determine if a presui nade under <i>Chapter</i> 7	
Case number						cial Form 122A-2).	
(if known)						does not apply now be service but it could ap	
				☐ Che	ck if this is a	n amended filing	
Official F	orm 122A - 1						
Chapter	7 Statement of Your Cur	rent Mo	nthly Inc	ome	•		04/20
attach a separate case number (if l qualifying militar	and accurate as possible. If two married people a sheet to this form. Include the line number to w known). If you believe that you are exempted from y service, complete and file Statement of Exemp	hich the addition n a presumption	nal information a of abuse becau	applies. Ise you d	On the top of ar lo not have prin	ny additional pages, wri narily consumer debts o	te your name and or because of
	Iculate Your Current Monthly Income						
	rour marital and filing status? Check one on	iy.					
	arried. Fill out Column A, lines 2-11.			0.44			
	ed and your spouse is filing with you. Fill ou			2-11.			
_	ed and your spouse is NOT filing with you.	•	•				
_	ng in the same household and are not lega				,		
per	ng separately or are legally separated. Fill on alty of perjury that you and your spouse are led apart for reasons that do not include evading	egally separated	d under nonbar	nkruptcy	law that applie	es or that you and you	
101(10A). For the 6 months,	erage monthly income that you received from all see example, if you are filing on September 15, the 6-me add the income for all 6 months and divide the total the same rental property, put the income from that property.	onth period would by 6. Fill in the re	be March 1 thro sult. Do not inclu	ugh Augu de any in	ust 31. If the amo	ount of your monthly incorpore than once. For examp	ne varied during ble, if both
·		. ,	, ,	Colum	n A	Column B Debtor 2 or non-filing spouse	
	ss wages, salary, tips, bonuses, overtime, aductions).	and commission	ons (before all	\$	2,980.00	\$	
3. Alimony	and maintenance payments. Do not include is filled in.	payments from	a spouse if	\$	0.00	\$	
of you or from an u and room	nts from any source which are regularly pa your dependents, including child support. nmarried partner, members of your household mates. Include regular contributions from a sp to not include payments you listed on line 3.	Include regular, your depende	r contributions ents, parents,	\$	0.00	\$	
	ne from operating a business, profession,	or farm					
			otor 1				
	eipts (before all deductions)	\$0.00					
•	and necessary operating expenses	-\$ 0.00	Conv. horo	ф.	0.00	¢	
	nly income from a business, profession, or farr	n \$	Copy here ->	• • ——	0.00	\$	
6. Net incor	me from rental and other real property	Det	otor 1				
Gross ran	reipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00					
	nly income from rental or other real property	· ———	Copy here ->	\$	0.00	\$	
	dividends, and royalties	·		\$	0.00	\$	

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 45 of 55

Debtor 1 Glenda Tamara Nelson Case number (if known)

8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Socurity Act. Instead, list it here: For you S O.00 S Per your spouse S O.00 S Per your spouse S O.00 S Per your spouse S O.00 S Per spour spouse S O.00 S Per your spouse S O.00 S O D.00				Column A Debtor 1		Column B Debtor 2 or non-filing spo	ouse
the Social Security Act. Insicad, list it here: For you \$ 0.00 For your spouse \$ 9. Penston or retriement income. On not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act, payments made under the Facterial any relating to the national emergency declared by the President connavirus disease 2018 (COVID-16) payments received as a victim of a war crime, a crime against humanity, or international of domestic terroism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury of disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the spart of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the uniber of people in your household. 14. Hill in the median family income for your state and size of household. 15. In the state in which you live. MO 16. In the median family income for your state and size of household. 17. To find all ist of appl		• • •		· 	0.00	\$	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, peny annuity, or allowance paid by the United States Government in connection with a disability, combart-related injuny or disability, or death of a member of the uniformed services. If you received any retried do not not receive the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Do not include any benefits received under the Social Security Act; payments made under the Rederal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the cornovirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combart-related injuny or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your current monthly income for the year, Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 2.980.00 ** 2.980.00 Total amounts from separate pages, if any. ** 1.2b. The result is your annual income for this part of the form 12. Calculate the median family income from this in a year) 12b. The result is your annual income for this part of the form 12c. Calculate the median family income for such state and size of household. 15ill in the median family income for your state and size of household. 17ill in the median family income for your state and	the S	ocial Security Act. Instead, list it here:					
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, peny annuity, or allowance paid by the United States Government in connection with a disability, combart-related injuny or disability, or death of a member of the uniformed services. If you received any retried do not not receive the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Do not include any benefits received under the Social Security Act; payments made under the Rederal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the cornovirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combart-related injuny or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your current monthly income for the year, Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 2.980.00 ** 2.980.00 Total amounts from separate pages, if any. ** 1.2b. The result is your annual income for this part of the form 12. Calculate the median family income from this in a year) 12b. The result is your annual income for this part of the form 12c. Calculate the median family income for such state and size of household. 15ill in the median family income for your state and size of household. 17ill in the median family income for your state and	Fo	r you \$	0.00				
benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitle of the title of the	0 Dana	r your spouse \$					
Do not include any benefits received under the Social Security Act, payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. (1601 et seq.) with respect to the cornavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2,980.00 \$ Total amounts from separate pages, if any. 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12b. The result is your annual income for this part of the form 12b. The result is your annual income for this part of the form 12c. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the number of people in your household. 1 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list mey also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 6 to Part 3. Do NOT fill out or file Official Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	benei not in Unite disab pay p does	fit under the Social Security Act. Also, except as standard any compensation, pension, pay, annuity, on distates Government in connection with a disability, or death of a member of the uniformed service and under chapter 61 of title 10, then include that protected the amount of retired pay to which you	tated in the next sentence, do r allowance paid by the ty, combat-related injury or es. If you received any retired pay only to the extent that it is would otherwise be entitled		0.00	\$	
Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 21. Calculate your current monthly income from line 11 22. Calculate your current monthly income from line 11 23. Copy your total current monthly income from line 11 24. Copy line 11 here=> 25. 2,980.00 Multiply by 12 (the number of months in a year) 12. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Cine 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	Do no under under coron crime comp Gove death	of include any benefits received under the Social S r the Federal law relating to the national emergence r the National Emergencies Act (50 U.S.C. 1601 et navirus disease 2019 (COVID-19); payments receive, a crime against humanity, or international or dom pensation pension, pay, annuity, or allowance paic rmment in connection with a disability, combat-relation of a member of the uniformed services. If necess	Security Act; payments made by declared by the President at seq.) with respect to the ved as a victim of a war nestic terrorism; or at by the United States ated injury or disability, or				
Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2.980.00 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 2,980.00 Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	ЗСРА			\$	0.00	\$	
Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2,980.00 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.				\$	0.00	\$	
Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 2,980.00 Total current monthly income \$ 2,980.00 Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the median family income for your state and size of household. 1 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.			+	\$	0.00	\$	
12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11				2,980.00	+ \$ _		Total current monthly
12a. Copy your total current monthly income from line 11	Part 2:						
Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. The result is your annual income for this part of the form 13c. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.		··					
12b. The result is your annual income for this part of the form 12b. \$ 35,760.00 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.		ulate your current monthly income for the year.	. Follow these steps:			Γ	
13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.		ulate your current monthly income for the year.	. Follow these steps:	Сор	y line 11 l	nere=>	\$2,980.00
Fill in the state in which you live. MO Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	12a.	ulate your current monthly income for the year. Copy your total current monthly income from line 1	. Follow these steps:	Сор	y line 11 l	nere=>	x 12
Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	12a. (ulate your current monthly income for the year. Copy your total current monthly income from line 1 Multiply by 12 (the number of months in a year)	Follow these steps:	Сор	y line 11 l		x 12
Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	12a. (ulate your current monthly income for the year. Copy your total current monthly income from line 1 Multiply by 12 (the number of months in a year) The result is your annual income for this part of the	. Follow these steps:	Сор	y line 11 l		x 12
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	12a. (12b. 12b. 13. Calcu	ulate your current monthly income for the year. Copy your total current monthly income from line 1 Multiply by 12 (the number of months in a year) The result is your annual income for this part of the	e form you. Follow these steps:	Сор	y line 11 l		x 12
Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> . Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	12a. (12b. ⁻ 13. Calcu Fill in	ulate your current monthly income for the year. Copy your total current monthly income from line 1 Multiply by 12 (the number of months in a year) The result is your annual income for this part of the ulate the median family income that applies to y the state in which you live.	e form you. Follow these steps: MO	Сор	y line 11 l		x 12
Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	12a. (12b. ⁻ 13. Calcu Fill in Fill in To fin	ulate your current monthly income for the year. Copy your total current monthly income from line 1 Multiply by 12 (the number of months in a year) The result is your annual income for this part of the ulate the median family income that applies to y the state in which you live. the number of people in your household. the median family income for your state and size and a list of applicable median income amounts, go	e form you. Follow these steps: MO 1 of household. online using the link specified			12b. [x 12 \$ 35,760.00
Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	12a. d 12b. 12b. 13. Calcu Fill in Fill in To fin for th	ulate your current monthly income for the year. Copy your total current monthly income from line 1 Multiply by 12 (the number of months in a year) The result is your annual income for this part of the ulate the median family income that applies to y the state in which you live. the number of people in your household. the median family income for your state and size and a list of applicable median income amounts, go is form. This list may also be available at the bank	e form you. Follow these steps: MO 1 of household. online using the link specified			12b. [x 12 \$ 35,760.00
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.	12a. 6 12b. 12b. 13. Calcu Fill in Fill in To fin for thi 14. How 14a.	ulate your current monthly income for the year. Copy your total current monthly income from line 1 Multiply by 12 (the number of months in a year) The result is your annual income for this part of the ulate the median family income that applies to yet the state in which you live. the number of people in your household. the median family income for your state and size and a list of applicable median income amounts, go is form. This list may also be available at the bank do the lines compare? Line 12b is less than or equal to line 13. On Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top of	e form you. Follow these steps: MO 1 of household. online using the link specified ruptcy clerk's office. n the top of page 1, check box Form 122A-2.	in the separa	ate instruc	12b. [tions 13. [aption of abuse.	x 12 \$ 35,760.00 \$ 51,144.00
X /s/ Glenda Tamara Nelson	12a. d 12b. d 13. Calcu Fill in Fill in To fin for th 14. How 14a. 14b.	ulate your current monthly income for the year. Copy your total current monthly income from line 1 Multiply by 12 (the number of months in a year) The result is your annual income for this part of the ulate the median family income that applies to y the state in which you live. the number of people in your household. the median family income for your state and size and a list of applicable median income amounts, go is form. This list may also be available at the bank do the lines compare? Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	e form you. Follow these steps: MO 1 of household. online using the link specified ruptcy clerk's office. n the top of page 1, check box Form 122A-2.	in the separa	ate instruc	12b. [tions 13. [aption of abuse.	x 12 \$ 35,760.00 \$ 51,144.00
	12a. (12b. 12b. 13. Calcu Fill in Fill in To fin for th 14. How 14a. 14b. Part 3:	ulate your current monthly income for the year. Copy your total current monthly income from line 1 Multiply by 12 (the number of months in a year) The result is your annual income for this part of the ulate the median family income that applies to ye the state in which you live. The number of people in your household. The median family income for your state and size and a list of applicable median income amounts, go is form. This list may also be available at the bank do the lines compare? Line 12b is less than or equal to line 13. On Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. Sign Below	e form you. Follow these steps: MO 1 of household. online using the link specified ruptcy clerk's office. n the top of page 1, check box Form 122A-2. of page 1, check box 2, The profit	in the separa 1, There is a esumption of	no presum	12b. [tions 13. [aption of abuse. determined by F	x 12 \$ 35,760.00 \$ 51,144.00

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 46 of 55

Debtor 1	Glenda Tamara Nelson	Case number (if known)	
	Signature of Debtor 1		
Da	February 22, 2022 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 50 of 55

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 51 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Missouri

In re	e Glenda Tamara Nelson		Case No.				
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR DE	CBTOR(S)			
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filible rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered of	or to		
	For legal services, I have agreed to accept		\$	575.00			
	Prior to the filing of this statement I have received		\$	575.00			
	Balance Due		\$	0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	n unless they are mem	bers and associates of my law	firm.		
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				A		
5.	In return for the above-disclosed fee, I have agreed to r	ender legal service for all aspec	cts of the bankruptcy of	ase, including:			
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on home 	tement of affairs and plan which fors and confirmation hearing, a reduce to market value; ex ons as needed; preparatio	th may be required; and any adjourned hea cemption planning;	rings thereof; preparation and filing of	;		
5.	By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.						
		CERTIFICATION					
	I certify that the foregoing is a complete statement of an pankruptcy proceeding.	ny agreement or arrangement for	or payment to me for re	epresentation of the debtor(s)	in		
F	ebruary 22, 2022	/s/ Andrew Kirky	wood Smith				
	Date	Andrew Kirkwoo Signature of Attorn A.K. Smith, LLC 141 N. Meramec Suite 316 Saint Louis, MO 314-740-2989 F aksmithlaw@gn	Avenue 63105 ax: 314-781-2695				
		Name of law firm					

Case 22-40431 Doc 1 Filed 02/22/22 Entered 02/22/22 15:04:38 Main Document Pg 52 of 55

United States Bankruptcy Court Eastern District of Missouri

In re	Glenda Tamara Nelson		Case No.			
		Debtor(s)	Chapter	7		
	VERIFICATIO	N OF CREDITOR I	MATRIX			
contai compl	The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list ning the names and addresses of my creditors (Matrix), consisting of3_ page(s) and is true, correct and ete.					
compi						
		/s/ Glenda Tamara Nel				
		Debtor Signature				
		Dated: February	, 22. 2022			

Account Resolution Corp (Midwest Radiolo Attn: Bankruptcy 700 Goddard Ave Chesterfield, MO 63005

Barnes Jewish Hospital PO Box 954549 Saint Louis, MO 63195

Caine & Weiner (Progressive) Attn: Bankruptcy 5805 Sepulveda Blvd Sherman Oaks, CA 91411

Collection Bureau of Hudson Valley PO Box 831 Newburgh, NY 12551

Credit Acceptance Attn: Bankruptcy 25505 West 12 Mile Road Ste 3000 Southfield, MI 48034

Credit Management 6080 Tennyson Parkway, Suite 100 Plano, TX 75024

First Community Credit Union Attn: Bankruptcy Po Box 1030 Chesterfield, MO 63006

HRRG PO Box 5406 Cincinnati, OH 45273

IC Systems, Inc (Sprint) Attn: Bankruptcy Po Box 64378 St. Paul, MN 55164

Iq Data International (Icon Student)
Attn: Bankruptcy
Po Box 340
Bothell, WA 98041

Kramer and Frank PC 11960 Westline Industrial, Suite 180 Saint Louis, MO 63146

Midwest Radiological Association PO Box 38900 Saint Louis, MO 63138

Mohela/laurel Road Ban Attn: Bankruptcy 633 Spirit Dr Chesterfield, MO 63005

Mohela/laurel Road Ban Attn: Bankruptcy 633 Spirit Dr Chesterfield, MO 63005

Mohela/laurel Road Ban Attn: Bankruptcy 633 Spirit Dr Chesterfield, MO 63005

Monroe & Main Attn: Bankruptcy 1112 7th Avenue Monroe, WI 53566

National Credit Adjusters, LLC (Speedyca 327 West 4th Avenue Po Box 3023 Hutchinson, KS 67504

Progressive Dept 0561 Carol Stream, IL 60132

SE Emergency Phys Memphis PO Box 740023 Cincinnati, OH 45274

SE Emergency Phys Memphis PO Box 740023 Cincinnati, OH 45274

Speedy Cash PO Box 780408 Wichita, KS 67278

Sprint PO Box 4191 Carol Stream, IL 60197

SSM Medical Health Group PO Box 795100 Saint Louis, MO 63179

State of Missouri Taxation PO Box 385 Jefferson City, MO 65105 Uas/saint Louis Univer 1 N Grand Blvd Saint Louis, MO 63103

USDOE/GLELSI Attn: Bankruptcy Po Box 7860 Madison, WI 53707

Wakefield & Associates (SE Emergency) Attn: Bankruptcy 7005 Middlebrook Pike Knoxville, TN 37909